



## REQUEST TO IMPLEMENT A BROADBAND PAY ADJUSTMENT Form A

*\*\*This form must be submitted to the Office of Human Resources for review and routing approval.*

**Date Submitted:** [Click here to enter a date.](#)

### EMPLOYEE INFORMATION

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**Name:** [Click here to enter text.](#)    **Employee ID#** [Click here to enter text.](#)

**Position #:** [Click here to enter text.](#)    **Position Title:** [Click here to enter text.](#)

**Division:** [Click here to enter text.](#)    **Work Unit:** [Click here to enter text.](#)

Is the position included in a bargaining unit?  Yes     No    *If **YES** contact HR Bureau chief*

Is this a supervisory position?  Yes     No (if yes, list positions supervised)

**Position #'s of those supervised:** [Click here to enter text.](#)

### PAY INFORMATION

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**Current Base Pay Rate:** [Click here to enter text.](#)    **Proposed Base Pay Rate:** [Click here to enter text.](#)

**Proposed Amount Change:** [Click here to enter text.](#)    **Change Effective Date:** [Click here to enter a date.](#)

**Type of Pay Change Requested:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Strategic Pay  | <input type="checkbox"/> Pay for Performance | <input type="checkbox"/> Results Based Pay     |
| <input type="checkbox"/> Competency Adjustment  | <input type="checkbox"/> Situational Pay     | <input type="checkbox"/> Classification Change |
| <input type="checkbox"/> Retention Based Pay ( <i>Please complete Form B in addition to Form A</i> ) <input type="checkbox"/> Other (specify) _____ |  |  |

### JUSTIFICATION

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**Describe below how the subject was determined to be eligible for this pay adjustment:**

[Click here to enter text.](#)

## APPROVAL

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### Requesting Supervisor Certification & Approvals

- I certify this employee has acceptable performance confirmed by a current performance appraisal
- I certify that funds are available within our Division budget to pay for this request
- I am requesting additional budget authority to fund this pay request
- I certify that I, the requesting supervisor, have reviewed and understand [DOC Policy 1.3.6, Pay Plan Rules](#) prior to signing.

\_\_\_\_\_  
Requesting Supervisor

\_\_\_\_\_  
Division Administrator

\_\_\_\_\_  
Budget Analyst

## HUMAN RESOURCE REVIEW

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**Current Classification** (*job code and title*): `Click here to enter text.`

### Comparable Positions within Corrections:

Employee Name	Position #	Job Code	Job Title	Location	Base Pay

### Market Information:

Market Entry	Market Mid-Point

### Human Resources Comments and Recommendations:

\_\_\_\_\_  
Human Resources Administrator or Designee

\_\_\_\_\_  
Date

## FINAL APPROVAL

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- I approve this pay adjustment.

I do not approve this pay adjustment.

I approve this pay adjustment as modified below:

Approved Base Rate	Effective Date

\_\_\_\_\_  
Department Director or Designee

\_\_\_\_\_  
Date

*This completed form must be sent to COR Budget, COR Payroll and personnel file.*



## REQUEST TO IMPLEMENT A BROADBAND PAY ADJUSTMENT

### Form B

*\*\*This form must be completed in detail by the **requesting supervisor** when the nature of a pay change request is **retention based**. The form must be submitted to the Office of Human Resources for review and routing approval with additional or supplemental information attached.*

**Describe below the competencies of the employee who is to receive the pay adjustment:**

Click here to enter text.

**Justify the recruitment and retention issues of the employee's current position:**

Click here to enter text.

**Describe the salary rates of comparable Department positions, if applicable:**

Click here to enter text.

**List the established work unit career progression plans, if available:**

Click here to enter text.

**Is the pay adjustment feasible with the agency's budget? If so, describe how funding for the pay adjustment will be acquired:**

Click here to enter text.

**The above issues have been discussed, in person, with a Human Resource Specialist**

**The above issues have been discussed, in person, with the agency's Budget Analyst**

\_\_\_\_\_  
Requesting Supervisor

\_\_\_\_\_  
Division Administrator

\_\_\_\_\_  
Budget Analyst

**Human Resources Comments and Recommendations:** Click here to enter text.

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Human Resources Administrator, or Designee

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Department Director, or Designee

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